

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048242

Entity Name: TRIPLE O MEDICAL SERVICES, P.A.

Current Principal Place of Business:

1515 N FLAGLER DRIVE
STE. 200
WEST PALM BEACH, FL 33401

Current Mailing Address:

1515 N. FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

FEI Number: 65-1015825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSIYEMI, OLAYEMI
1515 N FLAGLER DRIVE
STE 200
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name OSIYEMI, OLAYEMI
Address 1515 N FLAGLER DRIVE STE 200
City-State-Zip: WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OLAYEMI OSIYEMI

PRESIDENT

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date